TB CARE I - Kyrgyzstan

Year 3
Annual Report
October 1, 2012 – September 30, 2013

October 31, 2013

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List of Abbreviations

APA3	Annual Plan of Activities Year 3
DOTS	Internationally recommended strategy for TB control
GF	Fund to Fight AIDS, TB, and Malaria
GSIN	Government Service of Execution of Punishment (Penitentiary)
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HSS	Health Systems Strengthening
HW	Health Worker
IC	Infection Control
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multidrug-Resistant TB
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NCP	National Center of Phthisiology
NRL	National Reference Laboratory
OR	Operational Research
PMDT	Programmatic Management of Drug-Resistant TB
QHCP	Quality Health Care Project
SES	Sanitary Epidemiological Services
SLD	Second-Line Drug
SOP	Standard Operating Procedure
SRL	Supra-National Reference Laboratory
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

The USAID-supported five-year (2010-2015) program TB CARE I is implemented in Central Asian countries by KNCV Tuberculosis Foundation (KNCV). TB CARE I in Kyrgyzstan is implemented since August 2011.

TB CARE I project is implemented in key geographic areas in Kyrgyzstan, including the capital of the country (Bishkek) and Issyk-Kul oblast. Collaborating partners are government bodies (national TB programs, Ministries of Health and the State System for Execution of Punishments), international organizations (USAID Dialogue TB/HIV, Quality Health Care, Gauting Supranational Laboratory, MSF, ICRC, AFEW) and other donors such as GFATM, World Bank, KFW.

Notable achievements during the third year of TB CARE I include the following:

Universal and Early Access

- Collaboration between prison and general TB services improved through joint collaboration plan development and approval by MoH and GSIN
- Outpatient care program started functioning in two PHC clinics of Bishkek, which cover 130K of urban population
- Coordination among National and international partners increased after MoH approved Regulations on the National TB Coordination Council

Laboratories/ Xpert Implementation

- Xpert implementation in the country was systematized by introduction of Xpert strategy
- Laboratory equipment maintenance issues were addressed by development of Maintenance guidelines of laboratory equipment
- An important step of optimization laboratory network was done through National Laboratory Plan development

IC

- Attention drown to TB-IC issues critical to quality treatment trough development of the guidelines, introduction and piloting in seven TB facilities,
- TB-IC regulations created by development instructions in collaboration with National IC Center and SES

PMDT

- Systematic approach to DR TB treatment and management TB in children was introduced with development of the Guidelines and clinical protocols on DR TB
- Optimization and legalization of MDR-TB consiliums trough development regulations
- Guidelines on palliative care updated by chapter for TB patients
- Training of 155 health workers on PMDT will lead to improved care and proper treatment of TB patients

Health System Strengthening

- National Program "Tuberculosis IV" (2013-2016) developed and approved by government in June 2013, it is a road map for implementation TB activities in the country

M&E

- National M&E plan drafted
- 23 decision-makers trained on data analysis

Introduction

In Kyrgyzstan, TB CARE I project is implemented in key geographic areas in Kyrgyzstan, including the capital of the country, Bishkek, and Issyk-Kul oblast. KNCV is the only coalition partner in the country.

In Year 3, TB CARE project worked in four technical areas in the following scope:

1. Universal and Early Access
2. Laboratories
3. Infection Control
4. PMDT
5. Health Systems Strengthening
6. M&E

TB CARE I worked in close collaboration with national TB programs, Ministries of Health, the State System for Execution of Punishments, host country stakeholders, donors (GFATM, World Bank, KFW), international organizations (USAID Dialogue TB/HIV, Quality Health Care), MSF, ICRC, Gauting Supranational Laboratory and NGOs.

Core Indicators

TB CARE I has seven core indicators that the program as a whole is working to improve across all countries. Table 1 summarizes the core indicator results across the life of the project for TB CARE I-Kyrgyzstan. Results for 2013 will be reported on next year.

Table 1: TB CARE I Core Indicator Results for Kyrgyzstan

Indicators	2010 (Baseline)	2011 (Year 1)	2012 (Year 2)
C1. Number of cases notified (all forms)	5652	5529	5854
C2. Number of cases notified (new confirmed)	1645	1537	1669
C3. Case Detection Rate (all forms)	76	80	n/a
C4. Number (and percent) of TB cases among HCWs	42	42	21
C5. Treatment Success Rate of confirmed cases	78,4	78,9	n/a
C6. Number of MDR cases diagnosed	566	806	904
C7. Number of MDR cases put on treatment	441	490	775

Tuberculosis case detection rate (all forms) in country and treatment success rate of confirmed cases for 2012 is not yet available and will be ready in the beginning of 2014.

Summary of Project Indicators and Results

Table 2: TB CARE I Kyrgyzstan Year 3 Indicators and Results

Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline/Y2 (timeframe)	Target Y3	Result Y3	Comments
Universal Access							
#	1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.11 Released ex-prisoners with help of the commission make smooth transition from sector to sector, and continue TB treatment	Ex-prisoners after release handed over to civil sector representatives from MoH, Social protection ministry, MIA, local and municipal governments and NGOs	0 (2012)	10	10	List of prisoners before release is shared with general TB service, and discussed during the joint collaboration meetings, to ensure that ex-prisoners are covered by TB service and continue TB treatment. The data will be complete after the end of the year and table will be updated then.
		1.2.12. Status of ambulatory care implementation supported by TB CARE I	This indicator measures the status of the Ambulatory care model and interventions Indicator Value: Based on the scoring system below: 0 = The country has no Ambulatory care activities 1 = The country has piloted at least one Ambulatory care interventions 2 = The country has a ambulatory care model 3 = The country has started implementation of the ambulatory care model	1 (2012)	2	2	The country has an ambulatory care model designed for urban settings and implemented in two pilot PHC facilities in Bishkek.
Laboratories							

	2.1 Ensured capacity, availability and quality of laboratory testing to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP	A national laboratory plan has been developed that addresses strategic objectives on how the country will meet the national requirements for quality TB diagnostic services. Strategic objectives can be, but are not limited to: Establishment of reference laboratory, laboratory network, EQA program, increase laboratory capacity, improvement of HR situation, data management etc. According to strategic objectives, annual work plans and budgets with targets and indicators should be developed. Indicator Value: Score based on below: 0 = Laboratory strategic plan is not available 1 = Laboratory strategic plan is ready but no annual implementation plan and budget available for the 2 = Laboratory annual implementation plan and budget is available for the current year 3 = NTP annual report for the current year	0 (2012)	2	2	This is new indicators line, it was not selected in the beginning of year, but it was added to reflect significant achievement in accordance with our activities.

			includes a section demonstrating progress with the				
	2.3 Ensured optimal use of new approaches for laboratory confirmation of TB and incorporation of these approaches in national strategic laboratory plans	2.3.1 Diagnostic sites offering advanced technologies for TB or drug-resistant TB	Number of diagnostic sites, in which GeneXpert MTB/RIF, HAIN MTBDRplus or liquid culture/DST are implemented and routinely used for diagnosis, stratified by testing type. Indicator Value: Number	3 (2012)	7	7	All machines on the National level not procured by TB CARE I. All seven GX sites are offering services although their placement is not yet according to the national strategy. Relocation of select machines will occur in APA4.
Infection Control							
	3.1 Increased TB IC Political Commitment	3.1.1 National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved	The TB-IC guidelines must have been approved by the NTP or MOH, and must be consistent with the 2009 WHO Policy on TB-IC. The guidelines should cover controls in healthcare facilities, congregate settings and households/communities Indicator Value: Yes/No	No (2012)	yes	yes	National TB-IC guidelines consistent with the WHO TB-IC policy have been developed with TB CARE I support and approved by MoH in December 2012
	3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Facilities implementing TB IC measures with TB CARE support	Facilities that received support for implementation of TB IC measures through TB CARE out of the number of facilities planned to	0 (2012)	25 (7/28)	25 (7/28)	Seven pilot TB facilities implemented TB IC measures with support of TB CARE I project in accordance with adopted guidelines

			receive support for TB IC implementation. Indicator Value: Percent				
Programmatic Management of Drug-Resistant TB (PMDT)							
	4.1 Improved treatment success of MDR TB	4.1.3 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture	MDR TB patients who have completed the full course of MDR TB treatment regimen and have Indicator Value: Percent	42.2 (545/230) 2009	50 2010	51.5 (441/227) 2010	Base line, target and result clarified with UNDP/ GF and changed. Previous data from M&E department on NTP was wrong.
		4.1.4 A functioning National PMDT coordinating body	National PMDT coordinating body has been established, is recognized by the MoH and is Indicator Value: Yes/No	Yes (2012)	yes	yes	Regulations on MDR TB Consiliums developed with TB CARE I support. TB CARE I consultant participate in consiluim meetings to strengthen its work.
Health System Strengthening							
	6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) form an integral part of national plans, strategies and service delivery	6.2.2 People trained using TB CARE funds	Health care workers at all levels trained on any area of TB control using TB CARE funds. Indicator Value: Number	50 (M-5,F-45) (2012)	342 (M-60, F-282)	283(M-54, F- 229)	International trainings: Three specialists (F=3) were trained at the international course on MDR TB in Riga, Latvia. Four participants from NTP participated in the international course on TB management in Tartu, Estonia, in August. Another partner participated in the international conference on outpatient care of TB patients in Helsinki, Finland in August. One specialist from PGI participated in the international course on TB management in children in Latvia in August. Local trainings: Universal Access – 73(4

							males/69 females) Laboratory – 30 (4 males/26 females) TB-IC – 12 (6 males/6 females) PMDT – 139 (29 males/110 females) M&E – 34 (11 males/18 females) The training plan targets were not achieved because Xpert trainings were postponed to APA4. PGI also trained dozens of partners on its own, who were supposed to be trained by TB CARE I resulting in adjusted targets for the project.
Monitoring, Evaluation & Surveillance							
	7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.2 NTP provides regular feedback from central to intermediate level	NTP prepares and disseminates regular, written and comparative feedback from central to intermediate levels based on analysis of national surveillance and programmatic data. Comparative feedback is when results from various areas are displayed and compared with each other to provide context for good/poor results. Intermediate levels are any level between the health facility/peripheral level Indicator Value: Yes/No	No (2012)	yes	yes	Two trainings on "Quality Data Management and Data Analysis" were conducted in June. The first one was for heads of oblast TB centers and SES specialists (F-5, M-9). The second training was for M&E specialists of oblast TB centers and SES specialists (F-14, M-1). NTP feedbacks used by heads of oblast TB centers and monitoring and evaluation departments for making decision and planning of next steps.

Universal access

Under this technical area, TB CARE I focused on improving collaboration between prisons and general TB control services, development of patient support model with supporting further institutionalization of outpatient care in pilot sites. Under this area, TB CARE I also promoted the adoption of international recommendations on childhood TB.

Key Results

- A joint plan between Prison Medical Service and MoH was adopted by both parties in February 2013. Before that no formal document regulating relationships between parties existed. Now quarterly meetings organized by TB CARE I to review progress made and work on operational issues. Projected number of patients was transferred from penitentiary sector to general TB services as the result of this work.

- The outpatient care and psychosocial support model was developed by TB CARE I staff and approved by the city health department in April 2013, to pilot in FMC's #9 and #14 (which cover 70,000 and 60,000 catchment areas respectively). The PHC facilities are involved in diagnosis of TB patients through medical history-taking, clinical examinations (at the FGP level) and chest X-ray and sputum smear examination. Diagnosed patients are referred to the City TB Center. At the City TB Center, the decision is made for inpatient or outpatient treatment. Only seriously ill patients are treated as inpatients; others start their treatment as outpatients. Thereby, outpatient model implementation has started in urban setting. Percentage of referral of TB patients for outpatient treatment increased from 19% to 30% in two pilot facilities.

- At the request of the MoH, TB CARE I helped update regulations of the national TB Coordination Council, approved by the MoH in March 2013. The first Coordination Council meeting was conducted in June 2013. Previous regulation was weak the head of Coordination Council was head of NTP. Now the status has grown as the chear of the council is the minister of health.

Challenges:
- Prison Medical Service and MoH are not yet sufficiently interested in monitoring follow-up implementation of joint plans
- In Bishkek, only two of nineteen FMC's are covered by outpatient care and psychosocial support
- Children not covered by outpatient treatment model

Next Steps:
- TB CARE will support follow-up meetings to review progress made and operational issues on a regular basis
- Expansion of outpatient care and psychosocial support to 8 additional clinics in Bishkek
- TB CARE will provide trainings on TB treatment in children including outpatient care according with a newly approved guideline

Picture 1. Representatives from the State Service for Execution Punishment, National TB Center and TB CARE I at TWG meeting on TB control in prisons discuss implementation of joint collaboration plan among prison and general TB services (September 30, 2013).

Laboratories

The main focus of TB CARE I work under this technical area was to provide technical support in the effective utilization of GeneXpert technology in the country, through the development of the national GeneXpert strategy, site preparation and installment, as well as regular trainings for clinicians and lab specialists.

Key Results

- In Kyrgyzstan several partners and donors working in TB laboratory sector they imported seven GeneXpert machines into the country and have already started implementation of those machines. During the first two projects year's technical assistance was provided in strengthening the coordination and supervision role of National Reference TB laboratory, assist to establish TWG for development Genexpert strategy, support training on Xpert and laboratory management. 30 local specialists (26 female, 4 male), lab specialists and clinicians participated in the training of trainers on GeneXpert and are ready for the next follow-up trainings at new sites.

- Although TB CARE I did not procure any expert machines the main focus was to develop the systems that would allow strategic approach to new technology use in Kyrgyzstan. Due to absence of any regulating documents outlining the reorganization and fuser development National laboratory network there was a need to create a plan that would cover implementation of new rapid diagnostics, laboratory system optimization, equipment maintenance, envisioning effective transportation system and a new diagnostic algorithm. The National Laboratory Plan was developed by the National Reference Laboratory with support of TB CARE I, in collaboration with SNRL. Xpert implementation strategy and maintenance guidelines of laboratory equipment developed by the TWG and was included in the National Laboratory Plan

Challenges and Next Steps

Challenges:

- Relocation of Xperts and trainings in new sites was postponed until November, 2013
- Data from Xpert implemented partners had disparate formats, making it difficult to analyze and monitor data

Next Steps:

- Conduct trainings for lab specialists and clinicians in new sites in November
- Support the NRL in development and implementation of universal data collection for Xpert
- Approval of the National Laboratory plan by MoH

Picture 2. TB CARE I Regional Laboratory Officer Bela Kim demonstrates Xpert result analysis (November 27-30, 2013).

Infection Control

The main focus of TB CARE I interventions in IC was to improve IC practices at the TB facility level in key TB hospitals in the northern part of the country. Other efforts included improvement of the national policy framework through the revision and adoption of the national IC guideline and TB IC instructions as new regulatory framework for IC in TB hospital settings. Project also contributes to the development of TB-IC instructions and involvement SES in external monitoring.

Key Results

- Almost no attention was given to TB IC issues in TB facilities in Kyrgyzstan. Only with support of TB CARE I the national TB program and national IC center specialists have developed TB-IC guideline, approved by the MoH in December 2012.
- In country almost no TB facility had TB IC measures taken. Decree on introducing modern IC standards in seven TB pilot facilities, approved by MOH in February 2013. In seven pilot TB facilities, annual IC plans have been developed with support of TB CARE I. New national IC guideline was introduced in all pilot facilities through on- site trainings and workshops.
- All smear positive patients from Jety Oguz Rehabilitation Cent er were transferred to mak e the facil ity available exclusivel y for sm ear negative cases, thus vastly reducing IC risks at the facility. Before all sorts of TB patients were cramped in to the hospital with no regard to infection control.
- IC measurement equipment has been procured and distributed in TB facilities with follow-up on-the-job training. Now with equipment available personnel responsible for TB IC are able to control themselves how well IC measures are being implemented. It was not possible before.
- Heads of pilot TB facilities and SES improved knowledge and understanding of TB-IC implementation measures during the training on TB-IC risk assessment.
- Kyrgyz State Institute for Continuing Education and Kyrgyz State Medical Academy faculty incorporated standard courses in TB-IC and risk assessment.
- TB-IC instruction were developed by TWG on TB-IC with support of TB CARE I and included in the general regulations on TB.

Challenges and Next Steps

Challenges:

- Remaining oblast TB facilities do not yet implement modern TB-IC measures
- SES are not fully involved in monitoring and implementation of TB-IC measures

Next steps:

- Expansion of TB-IC measures in all oblast TB facilities
- Support SES and NTP in development and implementation of checklist on TB-IC measures in TB facilities

Picture 3. TB CARE I Regional IC Officer Vladislav Fourman explains IC administrative issues to the heads of TB facilities at the risk assessment and basic TB-IC training in March 2013.

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CASE STUDY

Improved Infection Control Practices Lead to Safer Hospital Environments for Patients and Health Care Workers

On-the-job training at the Issyk-Kul Oblast TB Center, July 18, 2013

Health care workers are trained on how to do a fit test.

[Photo: Nurgulya Kulbekova, TB CARE I

"As a manager and a doctor, I'm now constantly thinking about ways to prevent patients and staff from nosocomial infection." *Zamira Karasartova, Director, Kara Balta Hospital*

Challenge

Despite increased investment in tuberculosis (TB) prevention and treatment over the last decade, the National Tuberculosis Program (NTP) and policymakers in Kyrgyzstan have not directed sufficient attention to infection control (IC). The number of nosocomial infections among patients and health care workers are an indicator of this problem. In 2011 alone, 42 health care workers contracted TB. Other issues include outdated regulations, which contribute to delays in TB diagnosis and treatment. The seriousness of the situation finally forced Kyrgyz authorities to address long-overdue revisions to national IC policies and practices, with assistance from the USAID-funded TB CARE I project.

Initiative

Beginning in 2012, TB CARE I support focused initially on policy reform by helping with the development of new National TB IC Guidelines (NTBICG) and persuading the NTP to adopt them. The Guidelines are based on international standards, specifically, World Health Organization recommendations. Then starting in March 2013, TB CARE I assisted with the roll out of the NTBICG through a pilot test at seven hospitals that provide TB treatment services in northern Kyrgyzstan. The objective was to improve hospital-based IC practices. To ensure adherence to the new guidelines, staff at the seven hospitals, as well as selected staff from the Sanitary and Epidemiological Service (SES) of the Ministry of Health (MOH), received training and extensive on-the-job-supervision and mentoring in managerial, administrative, environmental, and personal IC measures. Managerial measures include the development of individual facility IC plans and the appointment of staff responsible for overseeing their implementation. Administrative measures include rapid diagnostics, proper separation of patients at each facility based on TB status, and prompt initiation of treatment. Personal IC measures include wearing masks and respirators. In addition, training was provided to health care personnel covering the use of IC-related equipment, such as anemometers, ultraviolet light meters, and vaneometers. This equipment was procured for the seven hospitals with funding from the United Nations Development Programme/Global Fund to Fight AIDS, Tuberculosis and Malaria and TB CARE I.

Results

After only being implemented for six months, both the NTP and program partners observed significant improvements in IC at all seven facilities. Activities undertaken by the hospitals have included timely diagnosis of TB, proper separation of resistant and susceptible TB patients, installation of secure sputum collection rooms, and improved individual protection practices for patients and health

Programmatic Management of Drug Resistant TB (PMDT)

In APA3, TB CARE I, building on the progress made in APA2, finalized the development of several policy documents, including guidelines on MDR TB and TB in children. Furthermore, the focus of interventions has been to introduce the new guidelines nationwide through a series of trainings, as well as to streamline the work of MDR TB Consiliums.

Key Results

- In Kyrgyzstan physicians were faced with situation where no new information was avalible to them, as the guidelines were outdated. As a result of long and arduous process, a work group has devised newest evidence based recommendations to be compiled as a new and improved guideline. Guidelines on DR TB developed by TWG with TB CARE I support, encompasses all latest developments in the TB field was approved by MoH in December 2012 and is available now for all TB doctors in the country.
- TB treatment in children as overlooked for years, but was brought to the center of attention of decision makers by efforts of TB CARE I specialists. A serious work was done with involving renowned international experts to have a document that would describe peculiarities of children treatment. As a result, the Guidelines on management TB in children was developed and approved by MoH in December 2012. Guidelines on DR TB and TB in children introduced nationwide during TB CARE I trainings.
- Training modules on DR TB and TB management in children has been updated in accordance with approved guidelines, and adopted by Kyrgyz State Medical Institute for Continuing Education.
- 155 health workers improved knowledge on DR TB and management of TB in children during trainings provided by TB CARE I.
- In view of the situation where some TB patients after the TB treatment remained not cured the question of palliative care arisen. The national MDR TB specialists with support of TB CARE I developed the regulations and guidelines on palliative care of TB patients in order to provide TB patients' in need of such type of care with necessary care. These regulations were approved by MoH in May 2013.
- Educational materials on palliative care for patients and health workers have been developed and are distributed to patients and providers.
- Before in Kyrgyzstan Consiliums were not regulated by any documents and were not functioning properly. They needed documents that would state clearly state the roles and responsibilities and other rules. To improve the situation TB CARE I supported the development of Regulations on MDR-TB Consiliums and they were included in general regulations on TB.

Challenges and Next Steps

Challenges:

- Many new guidelines, regulations and instructions have been developed and implemented in each area, but health workers still need to participate in far more trainings to gain proficiency.

Next Steps:

- Development and implementation of a new PMDT training module with cross-cutting content

Picture 4. Raisa Galieva, PGI Faculty, Ieva Leimane, HQ HRD Specialist, and Svetlana Fedorova, Medical Academy Faculty, apply their training skills at the PMDT training of trainers in February 2013.

Health System Strengthening (HSS)

TB CARE I provided technical assistance and facilitation in development of strategic and regulatory documents on TB, and supported participation of national TB program specialists in international trainings on TB management. TB CARE I support development of the National Program "Tuberculosis IV" on 2013-2016 years and contributed to strengthening local capacity in TB control.

Key Results

- Nine national TB program specialists participated in the international training courses on management of TB, DR-TB and management of TB in children.
- National Program "Tuberculosis IV" (2013-2016) developed with support from TB CARE I and approved by government in June 2013.
- Regulations on the National TB Center updated and approved by MoH.

Challenges and Next Steps

Challenges:

- Only limited key specialists maintain up to date knowledge on international standards and latest WHO recommendations.

Next Steps:

- Support participation of national TB program specialists in international trainings on TB control.

Picture 5. TB CARE I supported participation of Maaripatkhan Moidunova, Director of Bishkek City TB Center, in the 18th International Training on TB Control, Tartu, Estonia, on August 14-21, 2013).

Monitoring and Evaluation, Surveillance and OR

The focus of TB CARE I work has been on the development of National M&E Plan and trainings in regular utilization of data, for making informed policy decisions.

Key Results

- National M&E plan drafted and submitted to NTP for review and adjustment
- 23 decision-makers (Heads of TB facilities) improved data analysis skills and trained to use data in decision making

Challenges and Next Steps

Challenges:

- Absence of national electronic surveillance system
- Weak capacity in operational research.
- NTP is yet to adopt the new recording and reporting forms based on new WHO definitions

Next Steps:

- Train NTP staff in the new recording and reporting forms based on new WHO definitions
- Train local specialists in conducting OR

Picture 6. Participants in the "Planning, Monitoring and Evaluation of the TB Program for TB Specialists" training discuss WHO guidelines on "New Definitions and Standards and Benchmarks" on June 17-21, 2013.